FORM D

المارا كعلا fisail Processing Section

JUL 24 2008

Washington, DC

1145202 **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Approval

3235-0076 OMB Number:

Expires: July 31, 2008 Estimated average burden hours per response . . . 16.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Prefix Serial

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Promissory Notes in the aggregate principal amount of \$5,600,000 and Convertible Promissory Note in the aggregate	
principal amount of \$7,750,000 and Warrants to purchase in the aggregate 2,550,090 shares of common stock, \$0.001 pa	(T
value per share, of the Company (defined below)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	<u> </u>
Type of Filing: New Filing	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) 080566	23
MRU Holdings, Inc. (the "Company")	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	
590 Madison Avenue, 13th Floor, New York 10022 (212) 398-1780	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	
(if different from Executive Offices) same as above	
Brief Description of Business	
Specialty finance company which profiles and provides students with funds for higher education using a blend of current market credi	t
practices as well as its own proprietary analytic models and decision tools	
Type of Business Organization	<u>n</u>
Type of Business Organization Corporation Imited partnership, already formed other (please specific CESSE)	را،
☐ business trust ☐ limited partnership, to be formed	
Month Year JUL 2 8 2008	
Actual or Estimated Date of Incorporation or Organization:* 0 3 0 0 🛭 Actual 🗆 Estimated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: D. E. THOMSON REU	reds .
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; D E ITOIYIOUN RED	IFIZO

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Δ	RASIC	IDENTIFI	CATIO	ON D	ATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

 Each executive officer and dir 	ector of corporate issuers and of o	corporate general and mana	ging partners of	partnership issuers; and				
 Each general and managing pa 	artner of partnership issuers.							
Check Box(es) that Apply:	ter Beneficial Owner		☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individua McGuinn Jr., Edwin	1)							
Business or Residence Address (Numbe c/o MRU Holdings, Inc., 590	r and Street, City, State, Zip Code Madison Avenue, 13th Floor, N							
Check Box(es) that Apply: Promo	oter 🛛 Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individua Garg, Vishal	1)							
Business or Residence Address (Numbe c/o MRU Holdings, Inc., 590	r and Street, City, State, Zip Code Madison Avenue, 13th Floor, N							
Check Box(es) that Apply: Promo	oter 🛛 Beneficial Owner		☑ Director	General and/or Managing Partner				
Full Name (Last name first, if individua Khan, Raza	1)							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MRU Holdings, Inc., 590 Madison Avenue, 13th Floor, New York, NY 10022								
Check Box(es) that Apply: Promo	ter Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner				
Full Name (Last name first, if individua Fisher, Richmond T.	1)							
Business or Residence Address (Numbe c/o MRU Holdings, Inc., 590	r and Street, City, State, Zip Code Madison Avenue, 13th Floor, N							
Check Box(es) that Apply: Promo	oter	☐ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name first, if individua Bushley, C. David	1)							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MRU Holdings, Inc., 590 Madison Avenue, 13th Floor, New York, NY 10022								
Check Box(es) that Apply: Promo	eter Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last name first, if individua Brown, Michael M.	1)							
Business or Residence Address (Numbe c/o Battery Partners VII, LI	r and Street, City, State, Zip Code C, 930 Winter Street, Suite 250		tts 02451					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA (Continued)								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner		
Full Name (Last name first, Dhaliwal, Sunil	if individual)		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,					
Business or Residence Add		treet, City, State, Zip Code) Winter Street, Suite 2500		ts 02451				
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer	Director		General and/or naging Partner		
Full Name (Last name first, Mathieson, And								
Business or Residence Add		treet, City, State, Zip Code) ve, NE, Atlanta, Georgia						
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner		
Full Name (Last name first, Battery Partners								
Business or Residence Add 930 Winter Stree	•	treet, City, State, Zip Code) tham, Massachusetts, 0245						
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director		General and/or Managing Partner		
Full Name (Last name first, BlackRock, Inc.	if individual)		-16/					
Business or Residence Add 40 East 52nd Str	ress (Number and Si eet, New York, NY							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director		General and/or Managing Partner		
Full Name (Last name first, Coblentz, Jonath	,			•				
Business or Residence Addi c/o MRU Holdin		treet, City, State, Zip Code) on Avenue, 13th Floor, Ne				771.772		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director		General and/or Managing Partner		
Full Name (Last name first, Derham, John	if individual)							
Business or Residence Addi c/o MRU Holdin		treet, City, State, Zip Code) on Avenue, 13th Floor, Ne						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director		General and/or Managing Partner		
Full Name (Last name first, Katz, Yariv C.	if individual)							
Business or Residence Addr c/o MRU Holdin		treet, City, State, Zip Code) on Avenue, 13th Floor, Ne			•			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director		General and/or Managing Partner		
Full Name (Last name first,	if individual)	·····						
Business or Residence Addr	ess (Number and St	treet, City, State, Zip Code)	-					

		·			B. I.	NFOR	MATIC	N ABO	OUT O	FFERI	NG			
1 14	lac the ic	suer solo	l or doe	e the iccı	er inten/	d to cell	to non-a	ccredited	investor	s in this	nffering?		Yes □	No ⊠
1. 1.	ias tile is	suci soic	i, or doc.	5 the 155t								***************************************	_	_
2 V	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									\$ n/:	а			
2. ,	viiat is ti		idin mive	Jimeni i	1141 11111	oc decep.	ou nom	uniy man	radur	***************************************			Yes	No
													\boxtimes	
s a d	imilar rei ssociated ealer. If or that br	munerati l person more that oker or o	on for some or agent an five (dealer or	olicitation of a brown	n of puroker or d	chasers i lealer reg	n connec	tion with with the	n sales of SEC and	securities or with	es in the a state o	offering. If a person to offering. If a person to offering is the name of other, you may set forth the	be listed the brol	lisan keror
Full N	lame (Las	st name fi	irst, if inc	lividual)										
Busine	ess or Re	sidence A	Address (Number	and Stree	t, City, S	tate, Zip	Code)						
Name	of Assoc	iated Bro	ker or D	ealer										
Name	01 /\3300	inica Dic	Kei Oi D	carci										
							olicit Pure						□ A11 5	States
[AL]	[AK]	(AZ)	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		Juics
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] {RI}	[NE] [SC]	[NV] [SD]	[NH] [TN]	[נא] [XT]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	(OR) [WY]	[PA] [PR]		
	lame (Las			_ ` .		[,,,		[[]	[""]	["1]	[**]		
		 												
Busin	ess or Re	sidence A	Address (Number	and Stree	t, City, S	tate, Zip	Code)						
Name	of Assoc	iated Bro	ker or D	ealer							-			
States	in Which	Person	Listed H	s Solicit	ed or Inte	ends to Se	olicit Puro	rhacers						
(Chec	k "All Sta	ates" or c	heck ind	ividual S	tates)					• • • • • • • • • • • • • • • • • • • •				States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA] [NM]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT] [RI]	[NE] [SC]	(NV) [SD]	[NH] [TN]	[UJ] [TX]	[VII]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
	lame (Las				[0.]	1	[****]	[[]	(~4	[]	(***)		
						~. ~								
Busin	ess or Re	sidence A	Address (Number	and Stree	t, City, S	tate, Zip	Code)						
Name	of Assoc	iated Bro	ker or D	ealer									•	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
					•							(ID)	□ All:	States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	[NE]	[NV]	(NH)	[N]]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	(PA)		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A		
1.	Enter the aggregate offering price of securities included in this offering and the total amount of "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate		
	securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt Promissory Notes	\$5,600,000	\$5,600,000
	Equity	\$	\$
	☐ Common ☐ Preferred	·	
	Convertible Securities (including warrants) Warrants	\$5,599,997	\$5,599,997
	Partnership Interests	\$ <u>3,377,777</u>	_
	Other (Specify)- Convertible Promissory Note	\$7.750.000	\$
	Total	\$ <u>7,750,000</u>	\$ <u>7,750,000</u>
	·	\$ <u>18,949,997</u>	\$ <u>18,949,997</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securitie amounts of their purchases. For offerings under Rule 504, indicate the number of person aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" of their purchases on the total lines.	ns who have purchase	
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	5	\$18,949,997
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	<u> </u>	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for a offerings of the types indicated, in the twelve (12) months prior to the first sale of securities i listed in Part C-Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$
	Regulation A	N/A	\$
	Rule 504	N/A	\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of amounts relating solely to organization expenses of the issuer. The information may be give amount of an expenditure is not known, furnish an estimate and check the box to the left of the Transfer Agent's Fees	of the securities in this n as subject to future ne estimate.	
	Printing and Engraving Costs		\$
	Legal Fees		
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$90,000

b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$ 18,859,997 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above. Payments to Officers, Directors & Payments To **Affiliates** Others □ \$_____ □ \$ Salaries and fees □ \$ Purchase of real estate. □ \$_____ □ \$_____ Purchase, rental or leasing and installation of machinery and equipment..... □ \$_____ □ \$_____ Construction or leasing of plant buildings and facilities..... Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer □ \$_____ pursuant to a merger)..... □ \$ Repayment of indebtedness □ \$ □ \$_____ □ \$_____ **⊠** \$<u>18,859,997</u> Working capital Other (specify): \$_____ □ \$ □ \$____ ☑ \$ 18,859,997 Column Totals.... D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Signature Issuer (Print or Type) July 2008 MRU Holdings, Inc. Name of Signer (Print or Type) Yariv C. Katz Title of Signer (Print or Type) General Counsel

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)